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MATHEMATICA
Policy Research, Inc.

Survey of Early Head Start Programs

January 2005

MPR ID #: |___|___|___|___|___|___|___|___|

GRANT # AND DELEGATE: |___|___|___|___|___|___|___|___|-|___|___|___|

Early Head Start Program:_____

Mailing Address:_____

Location Address:_____

Telephone Number: (|___|___|___|)-|___|___|___|-|___|___|___|___|
Area Code Number

Fax Number: (|___|___|___|)-|___|___|___|-|___|___|___|___|
Area Code Number

Director's Name:_____

E-mail Address:_____

PURPOSE OF THE STUDY

The Administration for Children and Families (ACF) has funded Mathematica Policy Research (MPR), a nationally recognized social policy research company to gather information from all Early Head Start programs. ACF is interested in programs' management practices and program services to inform planning for training and technical assistance as well as for future research. MPR brings to this task experience from conducting the EHS Research and Evaluation Project, which found a broad range of impacts on child development and parent outcomes as well as great variation in service delivery patterns and rates of implementation.

This is the first survey expressly designed for Early Head Start programs and is being sent to all EHS program directors nationwide. In addition, MPR staff will visit 25 programs to gather more in-depth information about these topics. You may recognize some of the questions in the survey as being the same or similar to those that appear on the Program Information Report (PIR). We have tried to keep duplication to a minimum, but some duplication is necessary.

Unlike the PIR, the information you provide in the survey will **not** be used for accountability purposes. We will **not** report on individual programs but will report findings in aggregate statistical form (such as "X% of programs offered center-based services" and further, those programs that offered center-based services also had Y characteristics). Information you provide will be treated in a confidential manner to the extent allowable by law.

We appreciate your help! After completing the survey, we will send you a $20 Barnes & Noble gift certificate.

INSTRUCTIONS

Please review the Early Head Start program information listed on the front cover. Cross out errors and enter the correct or missing information.

The questionnaire is divided into five sections:

A. PROGRAM CHARACTERISTICS AND ENROLLMENT

B. FAMILY CHARACTERISTICS AND INVOLVEMENT

C. STAFF CHARACTERISTICS

D. COMMUNITY PARTNERSHIPS

E. PROGRAM IMPROVEMENT ACTIVITIES

- Mark each response box with an "X." If a question has a line to write an answer, write your answer in the space provided.
- For questions that require a numeric or percentage response, write the numbers in the boxes provided, recording "zeros" to the left for space unused. For example, 25 should be recorded as | 0 | 2 | 5 |.
- Return the completed questionnaire in the envelope provided. Please keep a copy for your records.
- If you have any questions, contact Mathematica Policy Research, Inc. (1-888-633-8329).

SCREENER

This survey has been specifically designed to help ACF gain a better understanding of how Early Head Start programs deliver services to families and children. You will notice in a few places that the survey asks questions that are similar to those on the Program Information Report (PIR). However, many of these questions have been refined to reflect the services offered to infants and toddlers, or substantially elaborated to gather information specific to Early Head Start programs.

S1. Do you currently provide Early Head Start services to families?

1 ☐ Yes → **GO TO A1**

0 ☐ No

S1A. When did you stop providing Early Head Start services?

|___|___| / |___|___| / |___|___|___|___|
MONTH DAY YEAR

GO TO E32, PAGE 34

A. PROGRAM CHARACTERISTICS AND ENROLLMENT

A1. Which of the following best describes your agency?

MARK ONLY ONE

1 ☐ A private for-profit
2 ☐ A private not-for-profit
3 ☐ A public agency
4 ☐ Something else *(Specify)*

_____

A1A. Which of the following phrases best describes your agency?

MARK ONLY ONE

1 ☐ A Community Action Agency (CAA/CAP)
2 ☐ A community-based organization (CBO)
3 ☐ A public or private school system
4 ☐ A government agency
5 ☐ A tribal government or consortium
6 ☐ A hospital
7 ☐ A health care provider or agency
8 ☐ A university
9 ☐ A faith-based organization
10 ☐ Something else *(Specify)*

_____

A2. Apart from any Early Head Start grants from the Administration on Children, Youth and Families that you may receive, do you receive funding for Early Head Start services from any of the following sources?

MARK YES OR NO FOR EACH

		Yes	No
a.	A state government grant	1 ☐	0 ☐
b.	State child care subsidies or block grant	1 ☐	0 ☐
c.	A county or municipal government grant	1 ☐	0 ☐
d.	One or more private foundation grants	1 ☐	0 ☐
e.	Grants provided by businesses	1 ☐	0 ☐
f.	Fundraising activities	1 ☐	0 ☐
g.	Part C funds	1 ☐	0 ☐
h.	Contracts	1 ☐	0 ☐
i.	Fee-for-service reimbursements	1 ☐	0 ☐
j.	Some other source *(Specify)* _____	1 ☐	0 ☐

A2A. How does your Early Head Start program receive state child care subsidies?

MARK ALL THAT APPLY

1 ☐ Individual child payment
2 ☐ Grant directly from the state program
3 ☐ Some other subsidy *(Specify)*

_____

A3. What do these funding sources pay for?

MARK ALL THAT APPLY

1 ☐ Additional Early Head Start enrollment slots
2 ☐ New Early Head Start services
3 ☐ Improvements to existing Early Head Start services
4 ☐ Additional Early Head Start staff
5 ☐ Staff training or technical assistance
6 ☐ Services for Part C children or families
7 ☐ Parent activities
8 ☐ Child care
9 ☐ Some other use *(Specify)*

_____

n.a. ☐ Not applicable

A3A. How many slots?

|___|___| NUMBER OF SLOTS

A4. As of January 1, 2005, how many <u>pregnant</u> women were enrolled in your Early Head Start program and received Early Head Start services such as classes or home visits?

|__|,|__|__|__| NUMBER OF PREGNANT WOMEN

0 ☐ None

A4A. We would like to understand the way your Early Head Start program plans services to best meet the needs of enrolled families. Some programs may use several service categories to account for all enrolled children. Using the categories below, report each child only once in the category that best describes his or her service mix.

As of January 1, 2005, what is the actual enrollment of <u>children</u>, not including pregnant women, in your Early Head Start program served through the following program options:

COUNT CHILD IN ONLY ONE CATEGORY.

	A4A.		If number of children recorded in A4A: A4B.
	Not Applicable	**Number of Early Head Start Children**	**How often are home visits completed per family, on average?**
a. Home-based services, in which Early Head Start services are provided primarily in the child's home.....	n.a. ☐	|__|__|__| **GO TO A4B**	1 ☐ Once a year 2 ☐ Twice a year 3 ☐ Less than once a month 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Varies with family needs 7 ☐ Something else *(Specify)* _____
b. Home-based services, plus Early Head Start services such as center-based care, family child care, respite care, or similar service options	n.a. ☐	|__|__|__| **GO TO A4B**	1 ☐ Once a year 2 ☐ Twice a year 3 ☐ Less than once a month 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Varies with family needs 7 ☐ Something else *(Specify)* _____
c. Centers you operate, in which Early Head Start services are provided primarily in a child development center but also include home visits.....	n.a. ☐	|__|__|__| **GO TO A4B**	1 ☐ Once a year 2 ☐ Twice a year 3 ☐ Less than once a month 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Varies with family needs 7 ☐ Something else *(Specify)* _____
d. Centers you operate, in which Early Head Start services are provided primarily in a child development center and **do not** include home visits	n.a. ☐	|__|__|__|	
e. Centers you partner with, in which Early Head Start services are provided primarily in a child development center but also include home visits.....	n.a. ☐	|__|__|__| **GO TO A4B**	1 ☐ Once a year 2 ☐ Twice a year 3 ☐ Less than once a month 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Varies with family needs 7 ☐ Something else *(Specify)* _____
f. Centers you partner with, in which Early Head Start services are provided primarily in a child development center and **do not** include home visits	n.a. ☐	|__|__|__|	
g. Family child care, in which Early Head Start services are provided primarily in a family child care home but also include home visits	n.a. ☐	|__|__|__| **GO TO A4B**	1 ☐ Once a year 2 ☐ Twice a year 3 ☐ Less than once a month 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Varies with family needs 7 ☐ Something else *(Specify)* _____
h. Family child care, in which Early Head Start services are provided primarily in a family child care home and **do not** include home visits.....	n.a. ☐	|__|__|__|	
i. Some other program option *(Specify)* _____	n.a. ☐	|__|__|__| **GO TO A4B**	1 ☐ Once a year 2 ☐ Twice a year 3 ☐ Less than once a month 4 ☐ Monthly 5 ☐ Weekly 6 ☐ Varies with family needs 7 ☐ Do not have home visits 8 ☐ Something else *(Specify)* _____

A4C. **TOTAL NUMBER OF CHILDREN (SUM OF A4Aa a to A4Ai)** |__|__|__|,|__|__|__|

A4D. **TOTAL NUMBER OF CHILDREN AND PREGNANT WOMEN (SUM OF A4 + A4C)** |__|__|__|,|__|__|__|

A5. Is the number of <u>children and pregnant women</u> in question A4D, Page 2, the actual enrollment for your Early Head Start Program?

1 ☐ Yes

0 ☐ No → **GO BACK AND CORRECT NUMBERS IN A4 and A4A**

A5A. Is the number of children and pregnant women in question A4D, Page 2, the typical enrollment for your Early Head Start Program?

1 ☐ Yes

0 ☐ No, the number is higher than typical

2 ☐ No, the number is lower than typical

A5B. Is the number of children and pregnant women in question A4D, Page 2, the funded enrollment for your Early Head Start Program?

1 ☐ Yes

0 ☐ No, the number is higher than funded

2 ☐ No, the number is lower than funded

A5C. How many of the total children in question A4C, Page 2, who are currently enrolled in your Early Head Start program are . . .

	Number of Early Head Start Children	None
a. Under 1 year old	|___|___|___|	0 ☐
b. 1 year old	|___|___|___|	0 ☐
c. 2 years old	|___|___|___|	0 ☐
d. 3 years old	|___|___|___|	0 ☐
e. 4 years old or older	|___|___|___|	0 ☐

A5D. SUM OF A5C (a to e): |___|___|___|,|___|___|___|

A5E. DOES THE SUM IN QUESTION A5D EQUAL THE SUM IN QUESTION A4C, Page 2?

1 ☐ Yes

0 ☐ No → **GO BACK AND CORRECT NUMBERS IN QUESTIONS A5C OR A4A, PAGE 2**

A6. On average, what percentage of all your program families enter Early Head Start . . .

a. Before child's birth? ..... |___|___|___| %

b. When child is 0-2 years old? ..... |___|___|___| %

c. When child is 2-3 years old? ..... |___|___|___| %

A7. On average, what percentage of all your Early Head Start program families leave Early Head Start . . .

a. At or before child's birth? ..... |___|___|___| %

b. When child is 0-2 years old? ..... |___|___|___| %

c. When child is 2-3 years old? ..... |___|___|___| %

d. When child is over 3 years old? ..... |___|___|___| %

A8. At any time during the past 12 months, how many children stopped attending your Early Head Start program for the following reasons? Do not count children who re-enroll.

ESTIMATE IF NECESSARY.

	NUMBER OF CHILDREN
a. Dropped out or withdrawn	|___|___|___|
b. Terminated by the Early Head Start program, no longer qualify, lack of participation	|___|___|___|
c. Became inactive but slots saved	|___|___|___|
d. No children stopped attending	0 ☐ → **GO TO A10, PAGE 4**

A9. Of the spaces left open by those who left your Early Head Start program, how many were filled by children and pregnant women during the past 12 months?

|__|__|__| CHILDREN AND PREGNANT WOMEN

A10. When was the last time you updated your waiting list?

MARK ONLY ONE

1 ☐ In the past 0 - 3 months

2 ☐ In the past 4 - 6 months

3 ☐ In the past 7 - 12 months

4 ☐ More than 12 months ago

0 ☐ None – Do not have waiting list

d ☐ Don't know

A11. How many children and pregnant women are currently on your waiting list?

|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN

0 ☐ None

d ☐ Don't know

A12. Of all the children who have ever enrolled in Early Head Start, what percent remain in your Early Head Start program until they are no longer age eligible?

|__|__|__| PERCENT OF CHILDREN REMAIN UNTIL NO LONGER AGE ELIGIBLE

0 ☐ None

A13. Of those children who remain until they are no longer age eligible, for what percentage, on average, are you able to develop transition plans?

|__|__|__| PERCENT OF CHILDREN WITH TRANSITION PLANS

0 ☐ None

A14. On average, what percentage of children in your Early Head Start program transition into preschool Head Start?

|__|__|__| PERCENT TRANSITION TO HEAD START PROGRAM

A15. On average, what percentage of children in your Early Head Start program transition into a non-Head Start preschool program?

|__|__|__| PERCENT TRANSITION TO NON-HEAD START PROGRAM

A16. Does your agency operate a Preschool Head Start Program?

1 ☐ Yes

0 ☐ No → **GO TO B2, PAGE 5**

A17. As of January 1, 2005, how many children were enrolled in your Preschool Head Start program?

|__|__|,|__|__|__| NUMBER OF CHILDREN ENROLLED

A18. What percentage of the children enrolled by your Preschool Head Start program are . . .

PERCENT

|__|__|__| 3 YEARS OLD?

|__|__|__| 4 YEARS OLD?

|__|__|__| 5 YEARS OLD?

B. FAMILY CHARACTERISTICS AND INVOLVEMENT

B1. NOT IN PAPER VERSION.

B2. How many of the total number of children and pregnant women enrolled in your Early Head Start program are from the following racial or ethnic groups?

- *Please count children and pregnant women by the individual ethnicity or race that the family chooses.*

	B2.		B2A.
	Number of Early Head Start Children and Pregnant Women	**Program Does Not Track This Information**	**Over the past 5 years, has the number of children and pregnant women from this racial or ethnic group increased substantially, remained about the same, or decreased substantially?**
a. American Indian or Alaska Native.....	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
b. Asian.....	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
c. Black or African American	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
d. Black/Hispanic	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
e. Native Hawaiian or Other Pacific Islander ...	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
f. White	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
g. White/Hispanic.....	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
h. Biracial or multi-racial	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
i. Other race or ethnicity *(Specify)*..... _____ _____	|___|___|___| 0 ☐ None	d ☐	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY

B3. Do any of the children and pregnant women served by your Early Head Start program speak a language other than English as their primary language at home?

1 ☐ Yes

0 ☐ No → **GO TO B4, PAGE 7**

B3A. Of the children and pregnant women who speak a primary language other than English, in the home, what number speak the following?

	B3A. MARK ALL THAT APPLY	B3B. Over the past 5 years, has the number of children and pregnant women speaking this language, increased substantially, remained about the same, or decreased substantially?
a. Spanish	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
b. Native Central American, South American and Mexican Languages (e.g., Mexican, Quichean)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
c. Caribbean languages (e.g., French-Creole, Haitian)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
d. Middle Eastern and Indic languages (e.g., Arabic, Hindi)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
e. Far Eastern Asian languages (e.g., Japanese, Vietnamese)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
f. Native North American or Alaska Native languages	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
g. Pacific Island languages (e.g., Palauan, Fijian)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
h. European and Slavic languages (e.g., Italian, Croatian)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
i. African languages (e.g., Swahili, Wolof)	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
j. American Sign Language	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY
k. Some other language *(Specify)* _____	|__|__|__| NUMBER OF CHILDREN AND PREGNANT WOMEN 0 ☐ None	3 ☐ INCREASED SUBSTANTIALLY 2 ☐ REMAINED ABOUT THE SAME 1 ☐ DECREASED SUBSTANTIALLY

B4. Early Head Start programs face many challenges in serving high need or high risk families. We would like to know more about the needs of the enrolled families you serve and how many of them have high needs or are at high risk. Rather than collecting specific information to provide exact figures, please provide your *best estimate* of the proportion of families who fit each of the following categories:

- *Families may fall into more than one category.*

		Percentage of Families
B4A.	Teen mother (under age 20)	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B4B.	Single parent family (primary caregiver of child not married or living with a partner)....	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B4C.	Primary caregiver does not have a high school diploma or GED.....	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B4D.	Anyone in family receives welfare payments (cash assistance or TANF).....	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B4E.	Primary caregiver is not employed or in school	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B4F.	Considering the five categories above, what proportion of families enrolled in your Early Head Start program have more than three of these characteristics?	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more

B5. Thinking about enrolled families, what percentage of families have the following characteristics:

- *Families may fall into more than one category.*
- *Please provide your best estimate.*

	Percentage of Families
B5A. Mental health problems.....	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B5B. Substance abuse	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B5C. Reside in an unsafe neighborhood	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B5D. Experience family violence	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more
B5E. Considering the four areas above, what proportion of families enrolled in your Early Head Start program have more than two of these characteristics?	1 ☐ ≤ 10 percent 2 ☐ 11 to 25 percent 3 ☐ 26 to 50 percent 4 ☐ 51 to 75 percent 5 ☐ 76 percent or more

B6. What is the number of children actually enrolled in your Early Head Start program who have developmental concerns but who have not been referred or evaluated? Perhaps these children are being monitored by staff members to determine the need for referral or perhaps the families are in the process of deciding whether to pursue formal assessment.

|__|__|__| NUMBER OF CHILDREN

0 ☐ None

B6A. Many Early Head Start children have developmental concerns that require some level of assessment and intervention. The process leading to intervention can include the building of awareness, planning with families, referral for evaluation, and then possible referral for intervention services. Please record the number of children with each developmental concern and indicate where they are in this process. Please ONLY report the PRIMARY concern for each child. Thus, each child should be included in only one row.

ESTIMATE IF NECESSARY.

List of Developmental Concerns	Not Applicable	PLEASE REPORT THE PRIMARY DEVELOPMENTAL CONCERN FOR EACH CHILD ONLY ONCE: Number of Children Early Head Start Referred for or Awaiting Part C Evaluation	Number of Children Evaluated But Not Eligible for Part C Services	Number of Children Evaluated and Eligible for Part C Services	Number of Children with IFSP or Receiving Part C Services
a. An emotional or behavioral issues.....	n.a. ☐ **GO TO B6Ab**	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None
b. A communication disorder such as a speech or language impairment.....	n.a. ☐ **GO TO B6Ac**	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None
c. A developmental delay.....	n.a. ☐ **GO TO B6Ad**	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None
d. A sensory impairment (including deafness or blindness).....	n.a. ☐ **GO TO B6Ae**	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None
e. A physical or orthopedic impairment	n.a. ☐ **GO TO B6Af**	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None
f. Other developmental concerns *(Specify)* ..... _____	n.a. ☐ **GO TO B7**	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None	|__|__|__| 0 ☐ None

B7. Does your Early Head Start program involve parents or guardians in any of the following ways:

MARK YES OR NO FOR EACH

	Yes	No	NA	B7A. IF MARKED "YES": How many parents are involved?
a. Early Head Start Parent Policy Council.....	1 ☐	0 ☐	n.a. ☐	|__|__|__|
b. Combined Early Head Start and Head Start Policy Council.....	1 ☐	0 ☐	n.a. ☐	|__|__|__|
c. Other program or center-level committees.....	1 ☐	0 ☐	n.a. ☐	|__|__|__|
d. Making improvements in the facilities	1 ☐	0 ☐	n.a. ☐	|__|__|__|
e. Volunteering in the classroom.....	1 ☐	0 ☐	n.a. ☐	|__|__|__|
f. Some other way *(Specify)* ..... _____	1 ☐	0 ☐	n.a. ☐	|__|__|__|

B7B. Do you offer any of the following services to pregnant women?

	B7B.	B7C. How frequently are these offered?
a. Case management	1 ☐ Yes 0 ☐ No n.a. ☐ Not Applicable	
b. Prenatal home visits	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per month
c. Referrals	1 ☐ Yes 0 ☐ No n.a. ☐ Not Applicable	
d. Classes	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per month
e. Some other service *(Specify)* ..... _____	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per month

B8. Do you offer any of the following services to children and families?

	B8.	B8A. How frequently are these offered?
a. Group socializations	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per year
b. Events for the entire family	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per year
c. Workshops on parenting.....	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per year
d. Parent training or workshops on subjects such as employment, job training, ELL (English Language Learner), or financial counseling	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per year
e. Some other service *(Specify)* ..... _____	1 ☐ Yes → 0 ☐ No n.a. ☐ Not Applicable	|___|___| Times per year

B9. Has your program made a commitment to being father friendly by:

MARK YES OR NO FOR EACH

	Yes	No
a. Hiring a father involvement coordinator or someone who has at least half time responsibility for involving fathers	1 ☐	0 ☐
b. Hiring male staff	1 ☐	0 ☐
c. Providing training for all staff in father involvement	1 ☐	0 ☐
d. Ensuring the décor includes pictures of fathers and is otherwise father friendly	1 ☐	0 ☐
e. Including father's name and contact information on the enrollment forms	1 ☐	0 ☐
f. Completing a father involvement needs assessment	1 ☐	0 ☐
g. Some other commitment *(Specify)* _____	1 ☐	0 ☐

B10. Which types of activities does your Early Head Start program do to involve fathers or father figures?

MARK YES OR NO FOR EACH

	Yes	No	B10A. IF MARKED "YES": On average, what percentage of fathers participate?
a. Hold events or activities specifically for fathers or fathers and children (not including mothers)	1 ☐	0 ☐	|___|___|___| %
b. Host events for the entire family that include fathers	1 ☐	0 ☐	|___|___|___| %
c. Provide employment or job training services for fathers	1 ☐	0 ☐	|___|___|___| %
d. FOR HOME-BASED FAMILIES: make a special effort to include fathers in home visits or group socialization activities	1 ☐	0 ☐	|___|___|___| %
e. FOR NON-HOME-BASED FAMILIES: Include fathers in parent education or group socialization activities	1 ☐	0 ☐	|___|___|___| %

SECTION C: STAFF CHARACTERISTICS

The next series of questions ask about the types of staff you employ, their education, and staff development activities.

C1. How many of the following frontline staff does your program employ to provide Early Head Start services?

C1A. How many of the following frontline staff do your community partners employ to provide Early Head Start services?

- *Please count each person only once. Choose the category that best describes his or her role.*
- *If you don't have staff in a particular category, mark "not applicable."*
- *Include staff that work part-time as well as those that work full-time.*

	C1. Number Employed by your Early Head Start Program	**C1A. Number Employed by your Community Partner(s) to Provide Early Head Start Services ESTIMATE IF NECESSARY.**
a. **Primary Caregivers:** Include all staff who have primary responsibility for all or some children in a classroom	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
b. **Floaters or Rovers:** All staff who are not assigned to specific classrooms but work where needed in caring for children	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
c. **Home Visitors:** Include all staff whose primary function is to make regular home visits to families and children.....	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
d. **Family Child Care Providers:** Include all family child care providers and their assistants.	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
e. **Directors or Assistant Directors**.....	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
f. **Coordinators or managers**.....	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
g. **Supervisors**.	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
h. **Other frontline staff** *(Specify)* ..... _____	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable
i. **Specialists**	|___|___|___| n.a. ☐ Not applicable	|___|___|___| n.a. ☐ Not applicable

C1B. Do you employ or have access to the following services?

MARK ALL THAT APPLY

1 ☐ A father or male involvement specialist or coordinator
2 ☐ Mental health specialist or coordinator
3 ☐ Disability specialist
4 ☐ Literacy specialist
5 ☐ Speech or language specialist
6 ☐ Health care professional or nurse
7 ☐ Any other specialists *(Specify)*

_____

C2. For each manager in your Early Head Start program, please specify the highest educational degree completed. Do any of your managers hold a . . .

- *A manager is a staff member who has overall responsibility for the Early Head Start program or a key role in managing the Early Head Start program.*

C2A. Please specify the number of mangers who hold each degree.

		(1) Number of Early Head Start Program Directors	(2) Number of Child Development Education Coordinators or Managers	(3) Number of Health Services Coordinators or Managers	(4) Number of Family and Community Partnerships Coordinators or Managers	(5) Number of Family Services Coordinators or Managers
a. GED or high school diploma?	1 ☐ Yes → 0 ☐ None → **GO TO C2b**	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|
b. Associate of Arts degree?	1 ☐ Yes → 0 ☐ None → **GO TO C2c**	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|
c. Baccalaureate degree? ..	1 ☐ Yes → 0 ☐ None → **GO TO C2d**	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|
d. Graduate degree?	1 ☐ Yes → 0 ☐ None	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|	|__|__|__|

The next question is about your child development staff. By child development staff, we mean staff members who provide or coordinate child development services, including primary caregivers, floaters or rovers, home visitors, family child care providers, child development supervisors, and home-based supervisors.

C3. Please mark the number of child development staff employed by your Early Head Start program who hold credentials in the following areas. Count each person only once by the highest degree held.

C3A. Please specify the number who hold a degree.

		(1) Number of Primary Caregivers	(2) Number of Floaters or Rovers	(3) Number of Home Visitors	(4) Number of Family Child Care Providers	(5) Number of Child Development Supervisors	(6) Number of Home-Based Supervisors
a. A Graduate degree in Early Childhood Education or a related field	1 ☐ Yes → 0 ☐ No ↘ GO TO C3b	___	___	___	___	___	___
b. A Baccalaureate degree in Early Childhood Education or a related field	1 ☐ Yes → 0 ☐ No ↘ GO TO C3c	___	___	___	___	___	___
c. Associate degree in Early Childhood Education or a related field	1 ☐ Yes → 0 ☐ No ↘ GO TO C3d	___	___	___	___	___	___
d. Child Development Associate (CDA) credential	1 ☐ Yes → 0 ☐ No ↘ GO TO C3e	___	___	___	___	___	___
e. State-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements	1 ☐ Yes → 0 ☐ No ↘ GO TO C3f	___	___	___	___	___	___
f. Of the number of staff who do not have degrees, how many are enrolled in an Early Childhood Education or related degree program at an accredited institution of higher education	0 ☐ None	___	___	___	___	___	___
g. Of the number of staff who do not have degrees, how many are enrolled in CDA training at an accredited institution of higher education	0 ☐ None	___	___	___	___	___	___
h. Of the number of staff who do not have degrees, how many are enrolled in a course of early childhood training from some other organization (***not*** an accredited college or university) that leads toward a state infant-toddler credential, the CDA, a family child care certificate, or other credential recognized in your state	0 ☐ None	___	___	___	___	___	___

C4. How many primary caregivers employed by your Early Head Start program left your Early Head Start program during the past 12 months? Please do not include floaters or rovers, home visitors, or family child care providers.

|___|___| NUMBER OF PRIMARY CAREGIVERS

d ☐ Don't know

n..a ☐ Early Head Start program does not have center-based program

C5. How many primary caregivers employed by your community child care partners to provide Early Head Start services left their jobs during the past 12 months?

|___|___| NUMBER OF PRIMARY CAREGIVERS

d ☐ Don't know

n.a. ☐ Early Head Start program does not have center-based program

C6. Has the Early Head Start director or have any coordinators or managers left your Early Head Start program during the past 12 months?

MARK ALL THAT APPLY

1 ☐ Yes, the Early Head Start director

2 ☐ Yes, Early Head Start coordinators or managers |___|___| NUMBER OF EARLY HEAD START COORDINATORS OR MANAGERS WHO LEFT

0 ☐ No → **GO TO C8**

C7. Of the Early Head Start director or managers who left the Early Head Start program, did any leave for the following reasons?

MARK YES, NO, OR DON'T KNOW FOR EACH

	Yes	No	Don't Know
a. For a higher compensation or benefits package in the same field.....	1 ☐	0 ☐	d ☐
b. For a change in job field	1 ☐	0 ☐	d ☐
c. Because they were fired or laid off.....	1 ☐	0 ☐	d ☐
d. For personal reasons.....	1 ☐	0 ☐	d ☐
e. For another reason *(Specify)*..... _____	1 ☐	0 ☐	d ☐

C8. How many <u>home visitors</u> left your Early Head Start program during the past 12 months? Do not include other staff.

|___|___| NUMBER OF HOME VISITORS

0 ☐ None

d ☐ Don't know

n.a. ☐ Early Head Start program does not have home visits

For each category of staff, please indicate the level of educational benefits you provide. Does your Early Head Start program or grantee agency provide any of the following:

	a. Primary Caregivers	b. Home Visitors
C9. Tuition reimbursement for relevant college courses	1 ☐ Sometimes/depends 2 ☐ Yes for some 3 ☐ Yes for all 0 ☐ No n.a. ☐ Not applicable	1 ☐ Sometimes/depends 2 ☐ Yes for some 3 ☐ Yes for all 0 ☐ No n.a. ☐ Not applicable
C10. Workshop fees or other costs for outside training	1 ☐ Sometimes/depends 2 ☐ Yes for some 3 ☐ Yes for all 0 ☐ No n.a. ☐ Not applicable	1 ☐ Sometimes/depends 2 ☐ Yes for some 3 ☐ Yes for all 0 ☐ No n.a. ☐ Not applicable
C11. Staff time during work hours for staff development activities such as attending courses or workshops	1 ☐ Sometimes/depends 2 ☐ Yes for some 3 ☐ Yes for all 0 ☐ No n.a. ☐ Not applicable	1 ☐ Sometimes/depends 2 ☐ Yes for some 3 ☐ Yes for all 0 ☐ No n.a. ☐ Not applicable

C12. Mark how often your managers or staff supervisors do the following staff development activities.

		MARK ONE FOR EACH			
		Never	**Times per Year**	**As Needed**	**Don't Know**
a.	Conduct performance appraisals for all staff.....	0 ☐	|___|___|	1 ☐	d ☐
b.	Formally assign mentors to less experienced staff	0 ☐	|___|___|	1 ☐	d ☐
c.	Meet with staff individually to discuss their cases/classroom activities.....	0 ☐	|___|___|	1 ☐	d ☐
d.	Conduct group case conference sessions	0 ☐	|___|___|	1 ☐	d ☐
e.	Hold staff meetings to convey information and discuss Early Head Start program activities.....	0 ☐	|___|___|	1 ☐	d ☐
f.	Conduct staff training	0 ☐	|___|___|	1 ☐	d ☐
g.	Observe frontline staff at work or providing services.....	0 ☐	|___|___|	1 ☐	d ☐
	Reflective supervision is generally considered to be a collaborative learning relationship between the supervisor and supervisees where staff are encouraged to reflect on the progress of their work with children and families on a regular basis.				
h.	How often do your managers or staff supervisors do reflective supervision with primary caregivers in centers? ..	0 ☐	|___|___|	1 ☐	d ☐
i.	How often do they do reflective supervision with home visitors?.....	0 ☐	|___|___|	1 ☐	d ☐

C13. Did you receive outside training and consultation for reflective supervision?

1 ☐ Yes

0 ☐ No

SECTION D: COMMUNITY PARTNERSHIPS

D1. Please indicate how your Early Head Start program defines the community it serves.

MARK ALL THAT APPLY

1 ☐ County or counties

2 ☐ School district

3 ☐ Zip code

4 ☐ Neighborhoods

5 ☐ Something else *(Specify)*

____

____

D1A. Please list the zip codes included in your program's catchment area:

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

|___|___|___|___|___| |___|___|___|___|___|

D1B. What percentage of families enrolled in your Early Head Start program live in the following areas?

a. Urban .... |___|___|___| %

b. Rural .... |___|___|___| %

c. Suburban .... |___|___|___| %

d. Something else *(Specify)* .... |___|___|___| %

____

____

MUST TOTAL |_1_|_0_|_0_| %

D2. Please mark the category that best describes how much of a problem each of these are for the neighborhoods your program serves. Most of the families served by this program come from neighborhoods that . . .

- *Please provide your best estimate.*

MARK ONE FOR EACH

	D2. HIGH	D2. MODERATE	D2. LOW	D2A. In the past five years has . . .
a. Have crime rates that are	3 ☐	2 ☐	1 ☐	**Crime . . .** 3 ☐ Gone up, 2 ☐ Stayed about the same, or 1 ☐ Gone down? d ☐ Don't know
b. Have unemployment rates that are	3 ☐	2 ☐	1 ☐	**Unemployment . . .** 3 ☐ Gone up, 2 ☐ Stayed about the same, or 1 ☐ Gone down? d ☐ Don't know
c. Have mobility rates (frequency that families move) that are	3 ☐	2 ☐	1 ☐	**Mobility . . .** 3 ☐ Gone up, 2 ☐ Stayed about the same, or 1 ☐ Gone down? d ☐ Don't know

D2B. Most families served by this program come from neighborhoods that are . . .

3 ☐ Highly diverse (have multiple racial or ethnic groups),

2 ☐ Somewhat diverse, or

1 ☐ Not very diverse?

D2C. In the past five years, these neighborhoods have become . . .

3 ☐ More diverse,

2 ☐ Stayed about the same, or

1 ☐ Less diverse?

D3. Not including the preschool Head Start program you operate, how many preschool Head Start programs are in your community?

|___|___| NUMBER OF PRESCHOOL HEAD START PROGRAMS

0 ☐ None → **GO TO D5, PAGE 20**

D4. Of the preschool Head Start programs in your community, with how many do you have a formal agreement to coordinate transition services for children and families?

|___|___| NUMBER OF PRESCHOOL HEAD START PROGRAMS

0 ☐ No preschool Head Start programs in community

n ☐ Agency operates its own preschool Head Start program

D5. Does your Early Head Start program belong to or participate in any local collaborative groups of service providers or other community agencies?

1 ☐ Yes

0 ☐ No → **GO TO D7**

d ☐ Don't know → **GO TO D7**

n.a. ☐ Not applicable → **GO TO D7**

D5A. How many groups?

|___|___|___| GROUPS

D6. Do any of your staff have leadership roles in these collaboratives?

1 ☐ Yes

0 ☐ No

d ☐ Don't know

n.a. ☐ Not applicable

D7. Does your Early Head Start program have a formal collaborative agreement with at least one local Part C agency?

- A Part C agency is one designated by Part C of the Individuals with Disabilities Education Act Amendments to be responsible for ensuring that services are provided to all children with disabilities from birth to age 3.

1 ☐ Yes

0 ☐ No → **GO TO D9, PAGE 21**

d ☐ Don't know → **GO TO D9, PAGE 21**

n.a. ☐ Not applicable → **GO TO D9, PAGE 21**

D8. Do your formal agreements include any of the following?

MARK ONE FOR EACH

	Yes	No	Don't Know	Not Applicable
a. Early Head Start referrals to Part C agencies for eligibility determination	1 ☐	0 ☐	d ☐	n.a. ☐
b. Part C referrals to Early Head Start	1 ☐	0 ☐	d ☐	n.a. ☐
c. Meetings of Part C and Early Head Start staff individually on a regular basis to discuss their (cases or classroom) activities	1 ☐	0 ☐	d ☐	n.a. ☐
d. Sharing assessment results	1 ☐	0 ☐	d ☐	n.a. ☐
e. Something else *(Specify)* ..... _____	1 ☐	0 ☐	d ☐	n.a. ☐

D9. Does your Early Head Start program have any formal written partnership agreements with child care providers?

1 ☐ Yes

0 ☐ No → **GO TO D12**

d ☐ Don't know → **GO TO D12**

D10. How many providers?

|___|___|___| PROVIDERS

D11. Do your formal written partnership agreements with child care providers include the following services?

	Yes	No	Not Applicable
	MARK ONE ON EACH		
a. Referrals from Early Head Start to the providers	1 ☐	0 ☐	n.a. ☐
b. Staff training for child care providers	1 ☐	0 ☐	n.a. ☐
c. Technical assistance to child care providers	1 ☐	0 ☐	n.a. ☐
d. Coordination of Early Head Start and child care services	1 ☐	0 ☐	n.a. ☐
e. Monitoring child care quality	1 ☐	0 ☐	n.a. ☐
f. Child care quality improvement planning	1 ☐	0 ☐	n.a. ☐
g. Resources or payments to child care providers	1 ☐	0 ☐	n.a. ☐
h. Adherence to the Performance Standards	1 ☐	0 ☐	n.a. ☐
i. Provisions for evaluating quality	1 ☐	0 ☐	n.a. ☐
j. Parent involvement activities	1 ☐	0 ☐	n.a. ☐

D12. Does your Early Head Start program have any formal written partnership agreements with health care providers?

1 ☐ Yes

0 ☐ No → **GO TO D14, PAGE 22**

d ☐ Don't know → **GO TO D14, PAGE 22**

D12A. How many providers?

|___|___|___| PROVIDERS

D13. Do your formal written partnership agreements with health care providers include the following?

MARK ONE FOR EACH LINE

	Yes	No	Don't Know	Not Applicable
a. Resources or payments to providers	1 ☐	0 ☐	d ☐	n.a. ☐
b. Training for Early Head Start staff	1 ☐	0 ☐	d ☐	n.a. ☐
c. Provision of services to Early Head Start children and families at Early Head Start sites	1 ☐	0 ☐	d ☐	n.a. ☐
d. Provision of services to Early Head Start children and families at other locations (referrals)	1 ☐	0 ☐	d ☐	n.a. ☐
e. Provision of services for pregnant women	1 ☐	0 ☐	d ☐	n.a. ☐
f. Joint planning	1 ☐	0 ☐	d ☐	n.a. ☐
g. Consultation	1 ☐	0 ☐	d ☐	n.a. ☐
h. Outreach	1 ☐	0 ☐	d ☐	n.a. ☐

D14. Does your Early Head Start program have any formal written partnership agreements with mental health providers?

1 ☐ Yes

0 ☐ No → **GO TO D16**

d ☐ Don't know → **GO TO D16**

D14A. How many providers?

|___|___|___| PROVIDERS

D15. Do your formal written partnership agreements with mental health providers include the following?

MARK ONE FOR EACH LINE

	Yes	No	Don't Know	Not Applicable
a. Resources or payments to providers	1 ☐	0 ☐	d ☐	n.a. ☐
b. Training for Early Head Start staff	1 ☐	0 ☐	d ☐	n.a. ☐
c. Provision of services to Early Head Start children and families at Early Head Start sites	1 ☐	0 ☐	d ☐	n.a. ☐
d. Provision of services to Early Head Start children and families at other locations (referrals)	1 ☐	0 ☐	d ☐	n.a. ☐
e. Provisions for pregnant women	1 ☐	0 ☐	d ☐	n.a. ☐
f. Joint planning	1 ☐	0 ☐	d ☐	n.a. ☐
g. Consultation	1 ☐	0 ☐	d ☐	n.a. ☐
h. Outreach	1 ☐	0 ☐	d ☐	n.a. ☐

D16. Do you offer health screenings or referrals for health screenings to children enrolled in your Early Head Start program?

1 ☐ Yes

0 ☐ No → **GO TO D18, PAGE 24**

D17. What kinds of health screenings do you offer?

		D17A. **Where do the screenings happen? Do they happen at the Early Head Start program facility with professionals coming in from outside, at a provider or physician's office, at both the program <u>and</u> a provider's office, or at the child's home?**
a. Hearing	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17b**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
b. Vision	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17c**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
c. Immunization	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17d**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
d. Physical exams	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17e**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
e. Developmental Screening	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17f**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
f. Mental Health	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17g**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
g. Dental Health	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D17h**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home
h. Some other health screening *(Specify)* _____ _____ _____	1 ☐ Yes → **GO TO D17A** 0 ☐ No → **GO TO D18, PAGE 24**	1 ☐ At the Early Head Start program facility 2 ☐ Provider's office 3 ☐ Both 4 ☐ At child's home

D18. What types of mental health services does your Early Head Start program offer?

MARK ALL THAT APPLY

1 ☐ Mental health screenings

2 ☐ Mental health assessments

3 ☐ Family therapy

4 ☐ Care coordination

5 ☐ Staff consultation

6 ☐ Something else *(Specify)*

_____

0 ☐ None

D19. Does your Early Head Start program refer children and their families for mental health services?

1 ☐ Yes

0 ☐ No → **GO TO D21**

D20. <u>On average</u>, what percentage of enrolled families receive mental health services?

At the Early Head Start program only ..... |___|___|___| %

Through a referral only ..... |___|___|___| %

Both at the Early Head Start program and through referral ..... |___|___|___| %

D21. For what kinds of services do you refer your Early Head Start program's families or children to community agencies?

	MARK YES OR NO FOR EACH		IF D21 MARKED "YES": D21A. With what proportion of agencies does your Early Head Start program have formal agreements?		
	Yes	No	All	Some	None
a. Child care	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
b. Health care	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
c. Prenatal care	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
d. Mental health care	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
e. Transportation assistance	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
f. Disability services	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
g. Emergency assistance	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
h. Employment assistance	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
i. Education or job training	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
j. Drug or alcohol abuse	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
k. Legal assistance	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
l. Housing assistance	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
m. Financial counseling	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
n. Family literacy	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
o. English Language Learner (ELL)	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
p. Some other service *(Specify)* _____	1 ☐	0 ☐	2 ☐	1 ☐	0 ☐
q. DO NOT REFER	1 ☐	0 ☐			

E. PROGRAM ACTIVITIES

E1. Since your Early Head Start program started, have there been any changes in your overall organizational or Early Head Start program design?

1 ☐ Yes
0 ☐ No
d ☐ Don't know
n.a. ☐ Not applicable

→ **GO TO E3**

E2. What kind of changes have there been in your Early Head Start program?

MARK ALL THAT APPLY

1 ☐ Changes to organization chart or structure
2 ☐ Added center-based services
3 ☐ Added home-based services
4 ☐ Dropped center-based services
5 ☐ Dropped home-based services
6 ☐ Some other change *(Specify)*

_____

_____

E3. Does your Early Head Start program use a computerized management information system (MIS)?

1 ☐ Yes
0 ☐ No → **GO TO E8, PAGE 27**

E4. What computerized MIS does your Early Head Start program use?

MARK ALL THAT APPLY

1 ☐ Head Start Family Information System (HSFIS)
2 ☐ Child Plus
3 ☐ Combination of software *(Specify)*

_____

_____

4 ☐ Something else *(Specify)*

_____

_____

E5. How satisfied are you with the MIS your Early Head Start program uses?

1 ☐ Very satisfied
2 ☐ Somewhat satisfied

→ **GO TO E7, PAGE 27**

3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied

E6. Why are you dissatisfied with the MIS your Early Head Start program uses?

MARK ALL THAT APPLY

1 ☐ MIS is difficult to use

2 ☐ Reports are not useful

3 ☐ Problems with software

4 ☐ Something else *(Specify)*

_____

E7. Which of the following reports can be generated from your Early Head Start program's MIS?

		MARK YES OR NO FOR EACH	
		Yes	**No**
a.	Enrollment lists	1 ☐	0 ☐
b.	Reports on characteristics of Early Head Start program families	1 ☐	0 ☐
c.	Reports on services provided	1 ☐	0 ☐
d.	Reports on child's health/immunization status	1 ☐	0 ☐
e.	Reports on staff characteristics	1 ☐	0 ☐
f.	Reports on staff training/in-service	1 ☐	0 ☐
g.	Progress reports on individual children	1 ☐	0 ☐
h.	Something else *(Specify)* _____	1 ☐	0 ☐

E8. How many Early Head Start centers does your program operate? Please do not include family child care homes or home-based services.

|___|___| NUMBER OF EARLY HEAD START CENTERS

0 ☐ Do not operate Early Head Start centers → **GO TO E15, PAGE 29**

E8A. Does your Early Head Start program follow a specific curriculum in centers?

1 ☐ Yes, one curriculum

2 ☐ Yes, draws on multiple curricula

0 ☐ No → **GO TO E10**

E9. What curriculum or curricula (does/do) your Early Head Start program use in centers to provide Early Head Start services for children?

Please include center-based services provided by your partner(s).

MARK ALL THAT APPLY

1 ☐ Agency-created curriculum

2 ☐ Assessment, Evaluation and Programming System (AEPS)

3 ☐ Beautiful Beginnings

4 ☐ Creative Curriculum

5 ☐ Early Learning Accomplishments Profile

6 ☐ Emotional Beginnings

7 ☐ Games to Play with Babies

8 ☐ Games to Play with Toddlers

9 ☐ Hawaii Early Learning Profile

10 ☐ High/Scope

11 ☐ Learning Activities for Infants

12 ☐ Montessori

13 ☐ Ones and Twos

14 ☐ Partners as Primary Caregivers

15 ☐ Partners in Learning

16 ☐ Playtime Learning Games for Young Children

17 ☐ Resources for Infant Educators

18 ☐ Talking to Your Baby

19 ☐ The Anti-Bias Curriculum

20 ☐ Another curricula *(Specify)*

_____

_____

E10. Do you conduct any classroom or child care quality assessments in your Early Head Start centers or centers of your Early Head Start partners?

- By assessments, we mean evaluation tools that measure primary caregiver-child interaction, classroom arrangement, or other indicators of quality of care.

1 ☐ Yes

0 ☐ No → **GO TO E14, PAGE 29**

E11. What are the most important classroom or child care quality assessments you use in your Early Head Start center-based child care settings?

MARK ALL THAT APPLY

1 ☐ ITERS (Infant/Toddler Environment Rating Scale)

2 ☐ ARNETT

3 ☐ ELLCO (Early Language and Literacy Classroom Observation)

4 ☐ CCOS (Child Caregiver Observation Scale)

5 ☐ Another assessment *(Specify)*

_____

E12. Based on an assessment of a center-based child care, have you ever determined that improvements were needed?

1 ☐ Yes

0 ☐ No

d ☐ Don't know → **GO TO E14, Page 29**

E13. The last time an assessment indicated the need for improvement, what steps did you take?

MARK ALL THAT APPLY

1 ☐ Developed written improvement plan

2 ☐ Scheduled follow-up assessment

3 ☐ Provided staff training

4 ☐ Obtained technical assistance

5 ☐ Terminated partnership

6 ☐ Something else *(Specify)*

_____

E14. What is the usual child-adult ratio in your Early Head Start program's center for children in different age groups listed below?

E14A. What is the usual child-adult ratio for your community partners' centers for children in different age groups listed below?

	E14. For Early Head Start Program Center		E14A. For Community Partners' Center	
	Number of Children per Adult	**Not Applicable**	**Number of Children per Adult**	**Not Applicable**
a. Under 1 year old	|___|___|	n.a. ☐	|___|___|	n.a. ☐
b. 1 year old	|___|___|	n.a. ☐	|___|___|	n.a. ☐
c. 2 years old	|___|___|	n.a. ☐	|___|___|	n.a. ☐
d. 3 years old	|___|___|	n.a. ☐	|___|___|	n.a. ☐
e. Other age group including mixed ages .... _____	|___|___|	n.a. ☐	|___|___|	n.a. ☐

E15. Do you follow a specific curriculum when providing child care services in a family child care setting?

1 ☐ Yes, one curriculum

2 ☐ Yes, draw on multiple curricula

0 ☐ No → **GO TO E17, PAGE 30**

3 ☐ Do not have family child care services → **GO TO E22, PAGE 32**

E16. What curriculum or curricula (does/do) your family child care use to provide Early Head Start services?

MARK ALL THAT APPLY

1 ☐ Agency-created curriculum
2 ☐ Assessment, Evaluation, and Programming System (AEPS)
3 ☐ Beautiful Beginnings
4 ☐ Creative Curriculum
5 ☐ Early Learning Accomplishments Profile
6 ☐ Emotional Beginnings
7 ☐ Games to Play with Babies
8 ☐ Games to Play with Toddlers
9 ☐ Hawaii Early Learning Profile
10 ☐ Healthy Families America
11 ☐ High/Scope
12 ☐ HIPPY
13 ☐ Learning Activities for Infants
14 ☐ Montessori
15 ☐ Ones and Twos
16 ☐ Partners as Primary Caregivers
17 ☐ Partners in Learning
18 ☐ Playtime Learning Games for Young Children
19 ☐ Resources for Infant Educators
20 ☐ Talking to Your Baby
21 ☐ The Anti-Bias Curriculum
22 ☐ Another curriculum *(Specify)*

_____

E17. Do you conduct any assessments of child care quality in family child care?

1 ☐ Yes
0 ☐ No → **GO TO E21, PAGE 31**

E18. What child care quality assessments are used in your family child care settings?

MARK ALL THAT APPLY

1 ☐ FDCRS (Family Day Care Rating Scale)
2 ☐ ARNETT
3 ☐ ELLCO (Early Language and Literacy Classroom Observation)
4 ☐ CCOS (Child Caregiver Observation Scale)
5 ☐ Another assessment *(Specify)*

_____

E19. Based on an assessment of family child care, have you ever determined that improvements were needed?

1 ☐ Yes

0 ☐ No → **GO TO E21**

E20. The last time an assessment indicated the need for improvement, what steps did you take?

MARK ALL THAT APPLY

1 ☐ Developed a written improvement plan

2 ☐ Scheduled follow-up assessment

3 ☐ Provided staff training

4 ☐ Obtained technical assistance

5 ☐ Terminate partnership

6 ☐ Something else *(Specify)*

_____

E21. What is the usual child-adult ratio in your family child care for Early Head Start children who are in different age groups?

	Number of Children per Adult for Family Childcare	No Children in Age Group
a. Under 1 year old	|___|___|	n.a. ☐
b. 1 year old	|___|___|	n.a. ☐
c. 2 years old	|___|___|	n.a. ☐
d. 3 years old	|___|___|	n.a. ☐
e. Other age group including mixed ages	|___|___|	n.a. ☐
_____		

E22. What curriculum or curricula (does/do) your Early Head Start program use in your home-visit services?

MARK ALL THAT APPLY

0 ☐ Does not provide home-based services → **GO TO E23**

1 ☐ Agency-created curriculum

2 ☐ Beautiful Beginnings

3 ☐ Early Learning Accomplishments Profile

4 ☐ Games to Play with Babies

5 ☐ Games to Play with Toddlers

6 ☐ Hawaii Early Learning Profile

7 ☐ Healthy Families America

8 ☐ HIPPY

9 ☐ Learning Activities for Infants

10 ☐ Ones and Twos

11 ☐ Parents as Primary Caregivers

12 ☐ Partners for a Healthy Baby

13 ☐ Partners in Learning

14 ☐ Partners in Parenting Education

15 ☐ Playtime Learning Games for Young Children

16 ☐ Early Head Start Program for Infant/ Toddler Caregivers

17 ☐ Resources for Infant Educators

18 ☐ Talking to Your Baby

19 ☐ Another curriculum *(Specify)*

_____

The next questions are about screening and assessing children and families.

- **Screening:** To identify concerns regarding a child's developmental, sensory, behavioral, motor, language, cognitive, perceptual, and emotional skills that might require a further formal evaluation.

- **Assessment:** Ongoing procedures used by appropriate personnel throughout the period of a child's eligibility to (1) identify strengths, needs and services appropriate to meet those needs; and (2) to identify resources, priorities, and concerns of family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

E23. What are the most important child screening tools that you use with children?

MARK ALL THAT APPLY

0 ☐ Does not use

1 ☐ Ages and Stages Questionnaires (ASQ)

2 ☐ Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)

3 ☐ Battelle Developmental Screening Test

4 ☐ Brigance Screening Test

5 ☐ Denver II Developmental Screening Test (DDST II)

6 ☐ EAS Temperament Survey for Children

7 ☐ Peabody Picture Vocabulary Test (PPVT or TVIP-Spanish Version)

8 ☐ Another screening *(Specify)*

_____

E23A. What are the most important child assessment tools that you use with children?

MARK ALL THAT APPLY

0 ☐ Does not use → **GO TO E25, PAGE 33**
1 ☐ Agency-Created Screening Assessment
2 ☐ Achenbach Child Behavior Checklist (CBCL)
3 ☐ Bayley Behavior Rating Scale (BRS)
4 ☐ Bayley Mental Development Index (MDI)
5 ☐ Creative Curriculum Tools
6 ☐ High Scope COR
7 ☐ Infant Toddler Developmental Assessment
8 ☐ The Ounce Scale
9 ☐ Infant Toddler Social Emotional Assessment and Brief Infant Toddler Social Emotional Assessment (ITSEA.BITSEA)
10 ☐ Leiter International Performance Scale Revised (Leiter-R)
11 ☐ Macarthur Communicative Development Inventories (CDI)
12 ☐ Mullen Scales of Early Learning
13 ☐ Preschool Language Scale (PLS-3)
14 ☐ Receptive/Expressive Emergent Language Test-2nd Ed (REEL-2)
15 ☐ Temperament and Atypical Behavior Scale (TABS)
16 ☐ Vineland Adaptive Behavior Scales (VABS)
17 ☐ Vineland Social-Emotional Early Childhood Scales (Vineland SEEC)
18 ☐ Woodcock Johnson
19 ☐ Another assessment tool *(Specify)*

_____

E24. How do you use the child assessments listed in question E23A, to individualize services for children?

MARK ALL THAT APPLY

1 ☐ Use to create lesson plans for classrooms or specified child
2 ☐ Use to plan activities for home visits
3 ☐ Use to update or amend IFSP
4 ☐ Use for referrals for additional services
5 ☐ Aggregate to describe child outcomes
6 ☐ Another purpose *(Specify)*

_____

E25. Do you administer any parent or family assessments to parents of children in Early Head Start?

1 ☐ Yes
0 ☐ No → **GO TO E28**

E26. What parent or family assessments are most important for your Early Head Start program?

MARK ALL THAT APPLY

0 ☐ Does not use → **GO TO E28**
1 ☐ Agency-Created Assessment
2 ☐ Adult-Adolescent Parenting Inventory
3 ☐ Beck Depression Inventory
4 ☐ CES-D Depression Scale
5 ☐ Child Abuse Potential Inventory (CAP)
6 ☐ Family Needs Scale
7 ☐ Family Partnership Agreement
8 ☐ Family Support Scale (FSS)
9 ☐ Home Observation for Measurement of the Environment (HOME)
10 ☐ Infant-Toddler and Family Instrument
11 ☐ Kempe Family Stress Inventory
12 ☐ Knowledge of Infant Development Inventory (KIDI)
13 ☐ Parenting Stress Index
14 ☐ Partners in Parenting Education (PIPE)
15 ☐ Parents as Primary Caregivers Parent Survey
16 ☐ Another parenting or family assessment *(Specify)*

_____

E27. How do you use parent or family assessments listed in question E26?

1 ☐ Use to create lesson plans for home visits
2 ☐ Use to plan activities for home visits
3 ☐ Use to update or amend IFSP
4 ☐ Use for referrals for additional services
5 ☐ Something else *(Specify)*

_____

E28. Overall, how much time did it take to complete this survey? Please include any time required in looking up information or generating reports.

|__|__| HOURS |__|__| MINUTES

E29. How much of the time recorded above was spent on looking up information or generating reports?

|__|__| HOURS |__|__| MINUTES

E30. How many staff members were involved in completing the survey?

|__|__| NUMBER OF STAFF

We are interested in the mix of Early Head Start services offered to families.

E31. If the program options listed at the beginning of the survey (A4A, Page 2) do not adequately describe the Early Head Start services your program provides, record your program service options below.

_____

_____

_____

_____

E32. Please provide the following information about the person primarily responsible for completing this form.

Name:_____

Phone Number: (|__|__|__|)-|__|__|__|-|__|__|__|__|
Area Code

Fax Number: (|__|__|__|)-|__|__|__|-|__|__|__|__|
Area Code

Email Address:_____

END. MPR appreciates you taking the time to complete the survey. Your responses are crucial for research about Early Head Start programs. We anticipate that a report describing the survey findings will be completed by (DATE).

Thank you for participating in this important study. We will be sending your $20 Barnes & Noble gift certificate in the next few weeks.

Please confirm mailing address for sending the $20 Barnes & Noble gift certificate.

EARLY HEAD START PROGRAM NAME:_____

DIRECTOR'S NAME:_____

MAILING ADDRESS:_____

CITY, STATE, ZIP:_____

☐ SAME AS MAILING LABEL

RETURN ADDRESS:

MAIL TO:

MATHEMATICA POLICY RESEARCH, INC. (6028)

P.O. BOX 2393

PRINCETON, NJ 08543-9809

Intentionally Blank

FOR MPR PURPOSES ONLY:

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Monica revised for Linda Mendenko